

MICHIGAN DEPARTMENT OF CORRECTIONS
PRISONER/PAROLEE GRIEVANCE FORM



4835-4247 10/94
CSJ-247A

Date Received at Step I _____ Grievance Identifier _____

Be brief and concise in describing your grievance issue. If you have any questions concerning the grievance procedure, refer to PD 03.02.130 and OP 03.02.130 available in the prison law library.

Name (print first, last)	Number	Institution	Lock Number	Date of Incident	Today's Date
Grayson, Dennis	200508	AMP	601A	11-21-24	12-28-24

What attempt did you make to resolve this issue prior to writing this grievance? On what date? If none, explain why.

On date 11-21-24 I received a request for a refund for the damaged items on date 11-21-24. I should have known that the damaged cookies and she didn't want to do anything in requesting the video be held for dates my secure pak arrived. At this facility and every where my secure was taken and kept until it was brought to block and given to me.

State problem clearly. Use separate grievance form for each issue. Additional pages, using plain paper, may be used. Four copies of each page and supporting documents must be submitted with this form. The grievance must be submitted to the Grievance Coordinator in accordance with the time limits of OP 03.02.130.

On date 11-21-24 I was given my secure pak between 600PM and 800PM and seen my secure pak had been open and partially sealed back up differently from the way it was originally sealed. At the secure pak company the top part of the bag that the receipts copy was sealed in had been cut off completely and one copy of the receipts was sealed inside the bag mixed in the food items and the C/O Dove had the other receipt some store staff had went in my secure pak and caused damage to my food items cookies and packs of candy by tearing the bag open and putting water in them and contaminated my food items purposely also by putting the receipt copy in the bag mixed in my food items. Violating PD 04.02.130 PD 03.03.130 PD 02.03.107. I'm requesting the video be held as my proof and for reviewing of unit 6 for date 11-21-24 between time 700AM till 10:55PM. The Grievance Coordinator will not acknowledge none of my grievances. Name: Dennis Grayson

RESPONSE (Grievant Interviewed?) ☐ Yes ☐ No If No, give explanation. If resolved, explain resolution.)

Respondent's Signature	Date	Reviewer's Signature	Date
Respondent's Name (Print)	Working Title	Reviewer's Name (Print)	Working Title
Date Returned to Grievant:	If resolved at Step I, Grievant sign here. Resolution must be described above.		Date
		Grievant's Signature	Date

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Name (print first, last) <i>Dennis Grayson</i>	Number <i>253538</i>	Institution <i>AMF</i>	Lock Number <i>684 101</i>	Date of Incident <i>11-5-24</i>	Today's Date <i>12-30-24</i>
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What attempt did you make to resolve this issue prior to writing this grievance? On what date?

If none, explain why.

on date 11-12-24 I let the HNS know I didn't get my quarter master order yet and she didn't do anything and on date 11-18-24 I sent the inspector a note asking him to find out why haven't I got my quarter master and he didn't do anything.

State problem clearly. Use separate grievance form for each issue. Additional pages, using plain paper, may be used.

Four copies of each page and supporting documents must be submitted with this form. The grievance must be submitted to the Grievance Coordinator in accordance with the time limits of OP 03.02.130.

ON date 11-5-24 the Rm name pert to turn in my quarter master order form for two wash cloth 2 pair of knee socks, And one T shirt presheet and I haven't gotten it yet violation of Pd 04.05.120 10 Page 5 of 13. I'm requesting the unit videos be held as my proof and for reviewing for date 11-6-24 Between time 6:30 AM + 12:30 PM.

Dennis S Grayson
Grievant's Signature

RESPONSE (Grievant Interviewed?) ☐ Yes ☐ No If No, give explanation. If resolved, explain resolution.)

Respondent's Signature _____	Date _____	Reviewer's Signature _____	Date _____
Respondent's Name (Print) _____	Working Title _____	Reviewer's Name (Print) _____	Working Title _____

Date Returned to
Grievant:

If resolved at Step I, Grievant sign here.
Resolution must be described above.

Grievant's Signature _____

Date _____

DISTRIBUTION: White, Green, Canary, Pink — Process to Step One; Goldenrod — Grievant

Prisoner Name:

DENNIS GRAYSON

Prisoner Number:

253038 253538

BARAGA CORRECTIONAL FACILITY

13924 Wadaga Road

Baraga, MI 49908-9204

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To

U.S. District Court
CLERK

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Grand Rapids MI 49503
110 Michigan St, NW